

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-11-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 90844 rendered from 6-11-02 through 6-25-02 for a total disputed amount of \$366.00.

II. FINDINGS and RATIONALE

The insurance carrier denied reimbursement for 90844 based upon "U – Unnecessary Medical Treatment or Service." The insurance carrier submitted a response to dispute and raised issue of extent of injury. This decision will be limited to the basis of EOB denial "U".

On 4-30-02, HDI gave preauthorization approval for psych therapy once a week for four weeks. On 6-4-02, HDI gave preauthorization approval for 6 individual psychotherapy sessions. Therefore, the insurance carrier is in violation of Rule 133.301(a) by retrospectively denying reimbursement of preauthorized treatment based upon medical necessity.

The individual counseling notes dated 6-11, 6-18 and 6-25-02 support service billed, reimbursement of \$366.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (90844) in the amount of \$366.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$366.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 05th day of January 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division